



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOWARD SPECIALTY HOSPITAL

City of Hospital: Kokomo

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

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Medicare Provider Number: 15-3039

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$21479166
Outpatient Patient Service Revenue	\$17342023
Total Gross Patient Service Revenue	\$38821189

2. Deductions From Revenue

Contractual Allowance	\$24012578
Other Deductions	\$82826
Total Deductions	\$24095404

3. Total Operating Revenue

Net Patient Service Revenue	\$14725785
Other Operating Revenue	\$33936
Total Operating Revenue	\$14759721

4. Operating Expenses

Salaries and Wages	\$6411214	Employee Benefits	\$1546185
Depreciation and Amortization	\$148263	Interest Expense	\$0
Bad Debt	\$896119	Other Expenses	\$4243786
Total Operating Expenses	\$13245567		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1514154	Total Assets	\$4988502
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$501538

Total Net Gains	\$1514154
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$24098917	\$16043913	\$8055004
Medicaid	\$4151547	\$3538954	\$612593
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$10570725	\$4512537	\$6058188
Total	\$38821189	\$24095404	\$14725785

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$82826
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$26256	
HCI Payments	\$0		
Subtotal	\$0	\$26256	\$-26256
Medicaid Shortfalls	\$601144	\$1316040	
Subtotal	\$601144	\$1342296	\$-741152
DSH Payments	\$0		
Subtotal	\$601144	\$1342296	\$-741152
Medicare Shortfalls	\$7923724	\$7639356	
Other Government Programs	\$0	\$0	
Total	\$8524868	\$8981652	\$-456784

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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